



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9618

<b>SERIAL NUMBER</b> 10/027,343	<b>FILING OR 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> VM6117
------------------------------------	---	---------------------	-------------------------------	--------------------------------------

**APPLICANTS**  
 Tony Looper, Mount Prospect, IL;  
 David Feng, Arlington Heights, IL;

**\*\* CONTINUING DATA \*\*\*\*\*** *RV*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *RV*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/28/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>RV</i>				

**ADDRESS**  
 Kim Diliberti  
 1430 Waukegan Road  
 McGaw Park, IL60085

**TITLE**  
 Reconfiguration surgical apparatus

<b>FILING FEE RECEIVED</b> 1724	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---